

Antipsychotic Agents – Antipsychotic Oral Agents (6)

Point-of-Sale (POS) edits are safety limitations that are automatically verified through computer programming at the time that a prescription claim is submitted at the pharmacy. These edits can be applied to *any* medication, whether or not it is listed in the Preferred Drug List / Non-Preferred Drug List (PDL/NPDL). The first section of this document is organized to follow the order of the therapeutic classes in the PDL/NPDL and explains the POS edits for those medications.

POS Abbreviations

| | | | |
|---|--|---|--|
| AL – Age Limit | DD – Drug-Drug Interaction | MD – Maximum Dose Limit | TD - Therapeutic Duplication |
| BH – Behavioral Health Clinical Authorization for Children Younger than 6 Years of Age | DS Maximum Days’ Supply Allowed | PR – Enrollment in a Physician-Supervised Program Required | UN – Drug Use Not Warranted |
| BY – Diagnosis Codes Bypass Some Requirements | DT – Duration of Therapy Limit | PU – Prior Use of Other Medication is Required | X – Prescriber Must Have ‘X’ DEA Number |
| CL – Additional Clinical Information is Required | DX – Diagnosis Code Requirement | QL – Quantity Limit | YQ – Yearly Quantity Limit |
| CU – Concurrent Use with Other Medication is Restricted | ER – Early Refill | RX – Specific Prescription Requirement | |

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|---|
| Pharmacy Prior Authorization Phone Numbers for MCOs and FFS |
| Aetna Better Health of Louisiana 1-855-242-0802 |
| AmeriHealth Caritas Louisiana 1-800-684-5502 |
| Fee-for-Service (FFS) Louisiana Legacy Medicaid 1-866-730-4357 |
| Healthy Blue 1-844-521-6942 |
| Louisiana Healthcare Connections 1-888-929-3790 |
| UnitedHealthcare 1-800-310-6826 |

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POS Edits

AL – Pimavanserin (Nuplazid®) is limited to use in recipients who are at least 18 years old.

BH – Additional behavioral-health related clinical information (trial of behavioral therapy, etc.) is required for all agents **EXCEPT** pimavanserin (Nuplazid®) when requested for recipients who are younger than 6 years of age.

CL – Additional clinical information is required for pimavanserin (Nuplazid®).

DX – Pharmacy claims for all agents must be submitted with an appropriate diagnosis code found at [THIS LINK](#) in the ICD-10-CM Diagnosis Code Policy Chart under Pharmacy Resources.

MD – Some agents have a maximum daily dose as listed in the chart below.

| Generic – Brand Example | Age (Years) | | | | | | |
|---|----------------|------------|------------|------------|------------|------------|--------------|
| | Younger than 5 | 5 | 6-9 | 10-12 | 13-15 | 16-17 | 18 and older |
| Aripiprazole – Abilify® | 5mg | 20mg | 20mg | 20mg | 30mg | 30mg | 30mg |
| Aripiprazole – Abilify® MyCite® | 0mg | 0mg | 0mg | 0mg | 0mg | 0mg | 30mg |
| Asenapine – Saphris® | 0mg | 0mg | 0mg | 20mg | 20mg | 20mg | 20mg |
| <u>Asenapine Transdermal - Secuado®</u> | <u>0mg</u> | <u>0mg</u> | <u>0mg</u> | <u>0mg</u> | <u>0mg</u> | <u>0mg</u> | <u>7.6mg</u> |
| Brexpiprazole – Rexulti® | 0mg | 0mg | 0mg | 0mg | 0mg | 4mg | 4mg |
| Cariprazine – Vraylar [®] ² | 0mg | 0mg | 0mg | 0mg | 0mg | 4.5mg | 6mg |
| Vraylar® Therapy Pack | 0mg | 0mg | 0mg | 0mg | 0mg | 4.5mg | 6mg |
| Clozapine – Clozaril®, FazaClo®, Versacloz® | 0mg | 0mg | 0mg | 0mg | 0mg | 0mg | 900mg |
| Iloperidone – Fanapt® | 0mg | 0mg | 0mg | 0mg | 0mg | 16mg | 24mg |
| Lurasidone – Latuda® | 0mg | 0mg | 0mg | 80mg | 80mg | 80mg | 160mg |
| Olanzapine – Zyprexa® | 10mg | 20mg | 20mg | 20mg | 30mg | 30mg | 40mg |
| Olanzapine/Fluoxetine – Symbyax® | 0mg | 0mg | 0mg | 12mg/50mg | 12mg/50mg | 12mg/50mg | 18mg/75mg |
| Paliperidone – Invega® | 3mg | 6mg | 6mg | 6mg | 9mg | 9mg | 12mg |
| Quetiapine – Seroquel® | 100mg | 600mg | 600mg | 600mg | 1000mg | 1000mg | 1200mg |
| Risperidone – Risperdal® | 3mg | 6mg | 6mg | 6mg | 8mg | 8mg | 16mg |
| Ziprasidone – Geodon® | 30mg | 60mg | 60mg | 60mg | 120mg | 120mg | 200mg |

| Quantity Limits for Selected Antipsychotic Oral Agents | |
|--|---|
| Medication | Quantity Limit |
| Nuplazid™ 17mg | 60 tablets every 30 days |
| Nuplazid™ 34 mg | 30 capsules every 30 days |
| <u>Secuado® Vraylar® Therapy Pack</u> | <u>30 patches every 30 days Limited to 1 pack per 18-month period</u> |

QL – Selected agents have quantity limits as listed in the chart to the right.

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POS Edits

Vraylar® Therapy Pack

Limited to 1 pack per 18-month period

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TD – Oral and transdermal antipsychotic agents are monitored at the pharmacy POS for duplication of therapy with other oral or transdermal antipsychotic agents.

| Revision | Date |
|---|------------------|
| Created POS Document | February 2020 |
| <u>Added Secuado®, formatting changes</u> | <u>July 2020</u> |